

Provider Inspection Summary
For the period 01/01/2003 to 12/31/2005
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WHISPERING MEADOWS (0010121)

Address: 2191 COUNTY HWY I, GRAFTON, WI 53024

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0093275 **End Date:** 09/03/2004 **Type:** OTHER **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092086 **End Date:** 02/04/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0090700 **End Date:** 01/31/2004 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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